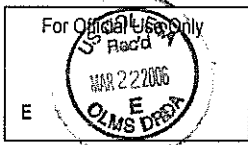


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5755</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2005 Through: 12 / 31 / 2005</div>
3. Name and address of person filing. Name <u>Maynard</u> <u>C</u> <u>Brau</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u>10130 Elliot Ave. So.</u> City <u>Bloomington</u> State <u>Minnesota</u> ZIP Code + 4 <u>55420-5130</u>	4. Name, file number, and address of labor organization. <i>Carpenter</i> Name <u>Lakes and Plains Regional Council</u> Labor Organization File Number <u> </u> <i>528543</i> P.O. Box, Building and Room Number, if any <u> </u> Street <u>700 Olive Street</u> City <u>St Paul</u> State <u>Minnesota</u> ZIP Code + 4 <u>55101-4405</u>
5. Position in labor organization. <u>Field Agent/Vice Pres./Trustee</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name N/A	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Maynard Brown

On

3/13/06
Date

952-888-6752
Telephone Number

Name of Person Filing Maynard Brau	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Zenith Administrators</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>2520 Pilot Knob Rd. #325</u></p> <p>City <u>Mendota Heights</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55120</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Twin City Floor Cov Ind Fringe Benifit Funds</u></p> <p>Trade Name, if any: <u>c/o Zenith Administrators</u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 73</u></p> <p>Street <u></u></p> <p>City <u>Minneapolis</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55440-0073</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Fund Administration</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$0</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Trustee Training: IFEBP Registration, Hotel, airfare, and meals that were paid within 2005. Reimbersments.</u></p> <p>12.b. Amount. <u>\$1,441</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>n/a</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u>n/a</u></p> <p>14.b. Amount of payment. <u>\$0</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	